

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/26/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911081	(X3) DATE SURVEY COMPLETED R 03/20/2017
NAME OF PROVIDER OR SUPPLIER TWIN CITIES PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 1053 JOHN SIMS PARKWAY NICEVILLE, FL 32578	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A desk review revisit survey was completed on March 20, 2017 for Twin Cities Pavilion. Based on an acceptable plan of correction and supporting documentation, deficiencies were found corrected.